

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN0401	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/27/2010
NAME OF PROVIDER OR SUPPLIER BLEDSOE COUNTY NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 832	<p>1200-8-6-.08(2) Building Standards</p> <p>(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations it was determined the facility failed to maintain the physical environment.</p> <p>The findings included:</p> <p>Observation of the environment services director's office on 4/27/10 at 7:21 p.m. revealed the ceiling had mold and water damage. Tennessee department of Health 1200-8-6-.08(2)</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 4/27/10.</p>	N 832	<p><u>N 832</u></p> <p>1.) WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO BE AFFECTED BY THE DEFICIENT PRACTICE?</p> <p>On 5/11/10 Maintenance Director and Staff cleaned all loose paint and repaired water damaged areas and repainted affected area in the Environmental Services Director's Office.</p>	5/11/10

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6595

W55L21

If continuation sheet 1 of 1

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TND401	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/27/2010
NAME OF PROVIDER OR SUPPLIER BLEDSOE COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367		
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N 832	<p>1200-8-6-.08(2) Building Standards</p> <p>(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations it was determined the facility failed to maintain the physical environment.</p> <p>The findings included:</p> <p>Observation of the environment services director's office on 4/27/10 at 7:21 p.m. revealed the ceiling had mold and water damage. Tennessee department of Health 1200-8-6-.08(2)</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 4/27/10.</p>	N 832	<p>2) HOW WILL YOU IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE? Maintenance Director and Staff will routinely monitor all areas of the physical plant to ensure the overall nursing home environment is maintained.</p> <p>3) WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT CHANGES WILL YOU MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR? Maintenance Director and staff will routinely monitor all areas of the physical plant to ensure the overall nursing home environment is properly maintained.</p>		

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W55L21

If continuation sheet 1 of 1

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNC401	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/27/2010
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N 832	<p>1200-8-6-.08(2) Building Standards</p> <p>(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations it was determined the facility failed to maintain the physical environment.</p> <p>The findings included:</p> <p>Observation of the environment services director's office on 4/27/10 at 7:21 p.m. revealed the ceiling had mold and water damage. Tennessee department of Health 1200-8-6-.08(2)</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 4/27/10.</p>	N 832	<p>4) HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR?</p> <p>Maintenance Director with cooperation of all departments will continue to monitor and all departments will report any conditions of the physical plant to ensure the safety and well being of residents.</p>		

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If continuation sheet 1 of 1